

CLAIMS ONLY

Application Number _____

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
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46						
47						
48						
49						
50						
Total Indep	12					
Total Depend	17					
Total Claims						

* May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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95						
96						
97						
98						
99						
100						
Total Indep	4					
Total Depend	13					
Total Claims	17					